

STATE OF DELAWARE PRESCRIPTION PLAN  
DRUGS NEEDING PRIOR AUTHORIZATION

DRUG	PROGRAM_TYPE
ACTEMRA	PRIOR AUTHORIZATION
ADCIRCA	PRIOR AUTHORIZATION
ADEMPAS	PRIOR AUTHORIZATION
AFINITOR	PRIOR AUTHORIZATION
AMPYRA	PRIOR AUTHORIZATION
ANDRODERM	PRIOR AUTHORIZATION
ANDROGEL	PRIOR AUTHORIZATION
ARALAST NP	PRIOR AUTHORIZATION
ARANESP	PRIOR AUTHORIZATION
ARCALYST	PRIOR AUTHORIZATION
ATRALIN	PRIOR AUTHORIZATION
AVITA	PRIOR AUTHORIZATION
AVONEX	PRIOR AUTHORIZATION
AXIRON	PRIOR AUTHORIZATION
BENZPHETAMINE	PRIOR AUTHORIZATION
BERINERT	PRIOR AUTHORIZATION
BETASERON	PRIOR AUTHORIZATION
BOTOX	PRIOR AUTHORIZATION
BYDUREON	PRIOR AUTHORIZATION
BYETTA	PRIOR AUTHORIZATION
CAVERJECT IMPULSE	PRIOR AUTHORIZATION
CHENODAL	PRIOR AUTHORIZATION
CIALIS	PRIOR AUTHORIZATION
CIMZIA	PRIOR AUTHORIZATION
CINRYZE	PRIOR AUTHORIZATION
COPAXONE	PRIOR AUTHORIZATION
DALIRESP	PRIOR AUTHORIZATION
DELATESTRYL INJECTION	PRIOR AUTHORIZATION
DEPO-TESTOSTERONE	PRIOR AUTHORIZATION
DIETHYLPROPION	PRIOR AUTHORIZATION
DYSPORE	PRIOR AUTHORIZATION
EDEX INJECTION	PRIOR AUTHORIZATION
EGRIFTA	PRIOR AUTHORIZATION
ENBREL	PRIOR AUTHORIZATION
EPOGEN	PRIOR AUTHORIZATION
EUFLEXXA	PRIOR AUTHORIZATION
EXTAVIA	PRIOR AUTHORIZATION
EYLEA	PRIOR AUTHORIZATION
FABIOR FOAM	PRIOR AUTHORIZATION
FIRAZYR	PRIOR AUTHORIZATION
FIRST-TESTOSTERONE	PRIOR AUTHORIZATION
FIRST-TESTOSTERONE MC	PRIOR AUTHORIZATION
FORTEO	PRIOR AUTHORIZATION

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DRUG	PROGRAM_TYPE
FORTESTA	PRIOR AUTHORIZATION
GEL-ONE	PRIOR AUTHORIZATION
GENOTROPIN	PRIOR AUTHORIZATION
GLASSIA	PRIOR AUTHORIZATION
GLEEVEC	PRIOR AUTHORIZATION
GRANIX	PRIOR AUTHORIZATION
HUMATROPE	PRIOR AUTHORIZATION
HUMIRA	PRIOR AUTHORIZATION
HYALGAN	PRIOR AUTHORIZATION
ILARIS	PRIOR AUTHORIZATION
INCIVEK	PRIOR AUTHORIZATION
INCRELEX	PRIOR AUTHORIZATION
IRESSA	PRIOR AUTHORIZATION
KALBITOR	PRIOR AUTHORIZATION
KINERET	PRIOR AUTHORIZATION
KORLYM	PRIOR AUTHORIZATION
KRYSTEXXA	PRIOR AUTHORIZATION
KUVAN	PRIOR AUTHORIZATION
LETAIRIS	PRIOR AUTHORIZATION
LEVITRA	PRIOR AUTHORIZATION
LIDODERM	PRIOR AUTHORIZATION
LOVAZA	PRIOR AUTHORIZATION
LUCENTIS	PRIOR AUTHORIZATION
LUMIGAN	PRIOR AUTHORIZATION
MACUGEN	PRIOR AUTHORIZATION
MAKENA	PRIOR AUTHORIZATION
MUSE URETHRAL SUPPOSITORIES	PRIOR AUTHORIZATION
MYOBLOC	PRIOR AUTHORIZATION
NEULASTA	PRIOR AUTHORIZATION
NEUPOGEN	PRIOR AUTHORIZATION
NEXAVAR	PRIOR AUTHORIZATION
NORDITROPIN	PRIOR AUTHORIZATION
NPLATE	PRIOR AUTHORIZATION
NUTROPIN	PRIOR AUTHORIZATION
NUTROPIN AQ	PRIOR AUTHORIZATION
NUVIGIL	PRIOR AUTHORIZATION
OMNITROPE	PRIOR AUTHORIZATION
OPSUMIT	PRIOR AUTHORIZATION
ORENCIA	PRIOR AUTHORIZATION
ORTHOVISC	PRIOR AUTHORIZATION
PHENDIMETRAZINE TARTRATE	PRIOR AUTHORIZATION
PHENTERMINE HYDROCHLORIDE	PRIOR AUTHORIZATION
PROCRIT	PRIOR AUTHORIZATION

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DRUG	PROGRAM_TYPE
PROLASTIN	PRIOR AUTHORIZATION
PROLASTIN-C	PRIOR AUTHORIZATION
PROMACTA	PRIOR AUTHORIZATION
PROVIGIL	PRIOR AUTHORIZATION
REBIF	PRIOR AUTHORIZATION
REGRANEX	PRIOR AUTHORIZATION
REMICADE	PRIOR AUTHORIZATION
REMODULIN	PRIOR AUTHORIZATION
RESPIGAM	PRIOR AUTHORIZATION
RESTASIS	PRIOR AUTHORIZATION
RETIN-A	PRIOR AUTHORIZATION
RETIN-A MICRO	PRIOR AUTHORIZATION
REVATIO	PRIOR AUTHORIZATION
RITUXAN	PRIOR AUTHORIZATION
SAIZEN	PRIOR AUTHORIZATION
SAMSCA	PRIOR AUTHORIZATION
SEROQUEL	PRIOR AUTHORIZATION
SEROSTIM	PRIOR AUTHORIZATION
SIMPONI	PRIOR AUTHORIZATION
SOLARAZE	PRIOR AUTHORIZATION
SPRYCEL	PRIOR AUTHORIZATION
STAXYN	PRIOR AUTHORIZATION
STELARA	PRIOR AUTHORIZATION
STENDRA	PRIOR AUTHORIZATION
STRIANT	PRIOR AUTHORIZATION
SUPARTZ	PRIOR AUTHORIZATION
SUTENT	PRIOR AUTHORIZATION
SYMLIN	PRIOR AUTHORIZATION
SYNAGIS	PRIOR AUTHORIZATION
SYNVISC	PRIOR AUTHORIZATION
SYNVISC-ONE	PRIOR AUTHORIZATION
TARCEVA	PRIOR AUTHORIZATION
TASIGNA	PRIOR AUTHORIZATION
TAZORAC CREAM, GEL	PRIOR AUTHORIZATION
TEMODAR	PRIOR AUTHORIZATION
TESTIM	PRIOR AUTHORIZATION
TESTOPEL	PRIOR AUTHORIZATION
TESTOSTERONE CYPIONATE INJECTION	PRIOR AUTHORIZATION
TESTOSTERONE ENANTHATE INJECTION	PRIOR AUTHORIZATION
TEV-TROPIN	PRIOR AUTHORIZATION
TOPAMAX, TOPIRAMATE	PRIOR AUTHORIZATION
TRACLEER	PRIOR AUTHORIZATION
TRAVATAN	PRIOR AUTHORIZATION

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DRUG	PROGRAM_TYPE
TRAVATAN Z	PRIOR AUTHORIZATION
TRETINOIN TOPICAL PRODUCTS	PRIOR AUTHORIZATION
TRETIN-X	PRIOR AUTHORIZATION
TYKERB	PRIOR AUTHORIZATION
TYSABRI	PRIOR AUTHORIZATION
TYVASO	PRIOR AUTHORIZATION
VELTIN	PRIOR AUTHORIZATION
VENTAVIS	PRIOR AUTHORIZATION
VESCEPA	PRIOR AUTHORIZATION
VIAGRA	PRIOR AUTHORIZATION
VICTRELIS	PRIOR AUTHORIZATION
VICTOZA	PRIOR AUTHORIZATION
VOTRIENT	PRIOR AUTHORIZATION
XALATAN	PRIOR AUTHORIZATION
XENAZINE	PRIOR AUTHORIZATION
XENICAL	PRIOR AUTHORIZATION
XEOMIN	PRIOR AUTHORIZATION
XOLAIR	PRIOR AUTHORIZATION
ZEMAIRA	PRIOR AUTHORIZATION
ZIANA	PRIOR AUTHORIZATION
ZIOPTAN	PRIOR AUTHORIZATION
ZOLINZA	PRIOR AUTHORIZATION
ZONEGRAN, ZONISAMIDE	PRIOR AUTHORIZATION
ZORBTIVE	PRIOR AUTHORIZATION